

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/52672

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	1					
5	1					
6	1					
7		1				
8		2				
9		2				
10	1					
11	1					
12	1					
13	2					
14	2					
15	1					
16	1					
17	1					
18	2					
19	2					
20	1					
21		1				
22		1				
23	1					
24	1					
25	1					
26	1					
27	1					
28	1					
29	6					
30						
31						
32						
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43						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	5		↓		↓	↓
TOTAL DEP.	36	←	←	←	←	←
TOTAL CLAIMS	41	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]